

Form **1040** U.S. Individual Income Tax Return (99) **2017** OMB No. 1545-0074 IRS Use Only - Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2017, or other tax year beginning , 2017, ending , 20

See separate instructions.

Your first name and initial **CAITLYN M.** Last name **JENNER** Your social security number [REDACTED]

If a joint return, spouse's first name and initial Last name Spouse's social security number [REDACTED]

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. [REDACTED]

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. [REDACTED]

Foreign country name Foreign province/state/county Foreign postal code

☐ You ☐ Spouse

Filing Status

1 ☒ Single 4 ☐ Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. ▶

2 ☐ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶ 5 ☐ Qualifying widow(er) (see instructions)

Check only one box.

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a

b ☐ Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) If child under age 17 qualifying for child tax credit

If more than four dependents, see instructions and check here ☐

d Total number of exemptions claimed **1**

Boxes checked on 6a and 6b **1**

No. of children on 6c who:
 • lived with you
 • did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above **1**

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **STMT 6** **276,246.**

8a Taxable interest. Attach Schedule B if required **1,602.**

b Tax-exempt interest. Do not include on line 8a **8b**

9a Ordinary dividends. Attach Schedule B if required **5,337.**

b Qualified dividends **9b**

10 Taxable refunds, credits, or offsets of state and local income taxes **STMT 3 STMT 5** **73,187.**

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐

14 Other gains or (losses). Attach Form 4797

15a IRA distributions **15a** b Taxable amount **15b**

16a Pensions and annuities **16a** b Taxable amount **16b** **60,809.**

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **50,555.**

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a Social security benefits **20a** b Taxable amount **20b**

21 Other income. List type and amount **SEE STATEMENT 1** **2,850.**

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income **1,940,763.**

Adjusted Gross Income

23 Educator expenses

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ

25 Health savings account deduction. Attach Form 8889

26 Moving expenses. Attach Form 3903

27 Deductible part of self-employment tax. Attach Schedule SE **19,725.**

28 Self-employed SEP, SIMPLE, and qualified plans

29 Self-employed health insurance deduction **11,165.**

30 Penalty on early withdrawal of savings

31a Alimony paid b Recipient's SSN ▶

32 IRA deduction

33 Student loan interest deduction

34 Tuition and fees. Attach Form 8917

35 Domestic production activities deduction. Attach Form 8903

36 Add lines 23 through 35 **30,890.**

37 Subtract line 36 from line 22. This is your adjusted gross income **1,909,873.**

Tax and Credits

Standard Deduction for -
• People who check any box on line 39a or 39b of who can be claimed as a dependent, see instructions.

• All others:
Single or Married filing separately, \$6,350
Married filing jointly or Qualifying widow(er), \$12,700
Head of household, \$9,350

38	Amount from line 37 (adjusted gross income)	38	1,909,873.
39a	Check ☒ You were born before January 2, 1953, ☐ Blind. ☐ Spouse was born before January 2, 1953, ☐ Blind. Total boxes checked 1	39a	1
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here	39b	
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	440,678.
41	Subtract line 40 from line 38	41	1,469,195.
42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see inst.	42	0.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	1,469,195.
44	Tax. Check if any from: a ☐ Form(s) 8814 b ☐ Form 4972 c ☐	44	537,620.
45	Alternative minimum tax. Attach Form 6251	45	0.
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	537,620.
48	Foreign tax credit. Attach Form 1116 if required	48	2,758.
49	Credit for child and dependent care expenses. Attach Form 2441	49	
50	Education credits from Form 8863, line 19	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit. Attach Schedule 8812, if required	52	
53	Residential energy credits. Attach Form 5695	53	
54	Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐	54	
55	Add lines 48 through 54. These are your total credits	55	2,758.
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	534,862.
57	Self-employment tax. Attach Schedule SE	57	39,450.
58	Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: Individual responsibility (see instructions) Full-year coverage ☒	61	
62	Taxes from: a ☒ Form 8959 b ☒ Form 8960 c ☐ Inst.; enter code(s) STATEMENT 10	62	13,063.
63	Add lines 56 through 62. This is your total tax	63	587,375.

Other Taxes**Payments**

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	149,775.
65	2017 estimated tax payments and amount applied from 2016 return	65	487,368.
66a	Earned income credit (EIC)	66a	
b	Nontaxable combat pay election	66b	
67	Additional child tax credit. Attach Schedule 8812	67	
68	American opportunity credit from Form 8863, line 8	68	
69	Net premium tax credit. Attach Form 8962	69	
70	Amount paid with request for extension to file	70	
71	Excess social security and tier 1 RRTA tax withheld STMT 8	71	5.
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a ☐ 2439 b ☐ Reserved c ☐ 8885 d ☐	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	637,148.

Refund

Direct deposit? See instructions.

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	49,773.
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here	76a	
b	Routing number	c	Type: ☐ Checking ☐ Savings
d	Account number		
77	Amount of line 75 you want applied to your 2018 estimated tax	77	49,773.

Amount**You Owe**

78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	
79	Estimated tax penalty (see instructions)	79	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ Yes. Complete below. ☐ No

Designee's name **LESTER J. KNISPEL**

Phone no.

Personal identification number (PIN)

Sign Here

Joint return? See instructions. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	Your signature	Date	Your occupation	Daytime phone number
	LESTER J. KNISPEL		ENTERTAINER	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here	

Paid

Preparer **LESTER J. KNISPEL**

Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name BOULEVARD MANAGEMENT	Firm's EIN	Phone no.		

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on Form 1040

Itemized Deductions

Go to www.irs.gov/ScheduleA for instructions and the latest information.

Attach to Form 1040.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 28.

OMB No. 1545-0074

2017

Attachment
Sequence No. 07

Your social security number

CAITLYN M. JENNER

**Medical
and
Dental
Expenses**

Caution: Do not include expenses reimbursed or paid by others.

1	Medical and dental expenses (see instructions)	1	
2	Enter amount from Form 1040, line 38	2	
3	Multiply line 2 by 7.5% (0.075)	3	
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	

**Taxes You
Paid**

5	State and local (check only one box): a ☒ Income taxes, or b ☐ General sales taxes	5	226,270.
6	Real estate taxes (see instructions)	6	64,863.
7	Personal property taxes	7	6,399.
8	Other taxes. List type and amount	8	
9	Add lines 5 through 8	9	297,532.

**Interest
You Paid**

10	Home mortgage interest and points reported to you on Form 1098	10	31,651.
11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address	11	
12	Points not reported to you on Form 1098. See instructions for special rules	12	
13	Mortgage insurance premiums (see instructions)	13	
14	Investment interest. Attach Form 4952 if required. See instructions	14	
15	Add lines 10 through 14	15	31,651.

Note:
Your mortgage
interest
deduction may
be limited (see
instructions).

**Gifts to
Charity**

If you made a
gift and got a
benefit for it,
see instructions.

16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	160,946.
17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17	
18	Carryover from prior year	18	
19	Add lines 16 through 18	19	160,946.

**Casualty and
Theft Losses**

20	Casualty or theft loss(es) other than net qualified disaster losses. Attach Form 4684 and enter the amount from line 18 of that form. See instructions	20	
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**Job Expenses
and Certain
Miscellaneous
Deductions**

21	Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. See instructions.	21	
22	Tax preparation fees	22	2,000.
23	Other expenses - investment, safe deposit box, etc. List type and amount	23	
24	Add lines 21 through 23	24	2,000.
25	Enter amount from Form 1040, line 38	25	1,909,873.
26	Multiply line 25 by 2% (0.02)	26	38,197.
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	0.

**Other
Miscellaneous
Deductions**

28	Other - from list in instructions. List type and amount	28	
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**Total
Itemized
Deductions**

29	Is Form 1040, line 38, over \$156,900? ☐ No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. ☒ Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.	29	440,678.
30	If you elect to itemize deductions even though they are less than your standard deduction, check here		

LHA 719501 02-22-18

For Paperwork Reduction Act Notice, see the Instructions for Form 1040.

Schedule A (Form 1040) 2017

SCHEDULE B
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on return

Interest and Ordinary Dividends

▶ Attach to Form 1040A or 1040.

▶ Go to www.irs.gov/ScheduleB for instructions and the latest information.

OMB No. 1545-0074

2017

Attachment
Sequence No. **08**

Your social security number

CAITLYN M. JENNER

Part I

Interest

- 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ▶

STATE OF CALIFORNIA FRANCHISE TAX BOARD

Amount

1,602.

1

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

- 2 Add the amounts on line 1
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815
4 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ▶

1,602.

1,602.

Note: If line 4 is over \$1,500, you must complete Part III.

Part II

Ordinary Dividends

- 5 List name of payer ▶
NATIONAL FINANCIAL SERVICES LLC
CITY NATIONAL SECURITIES
FROM K-1 - CAIT'S WORLD, INC. (FKA WILLIAM BRUCE JENNER, INC)

Amount

80.

2,606.

2,651.

5

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

- 6 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ▶

5,337.

Note: If line 6 is over \$1,500, you must complete Part III.

Part III

Foreign Accounts and Trusts

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Yes No

- 7a At any time during 2017, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions
If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements

X

- b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶

- 8 During 2017, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?

X

727501 10-25-17

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule B (Form 1040A or 1040) 2017

Name: CAITLYN M. JENNER

1000

730191 04-01-17

**SCHEDULE C
(Form 1040)**

 Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

 Go to www.irs.gov/ScheduleC for instructions and the latest information.
 Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2017
Attachment
Sequence No. 09

Name of proprietor

CAITLYN M. JENNER

Social security number (SSN)

A Principal business or profession, including product or service (see instructions)

PUBLISHING

B Enter code from instructions

711510

C Business name. If no separate business name, leave blank.

CJ MEMOIRES LLC

D Employer ID number (EIN) (see instr.)

E Business address (including suite or room no.)

City, town or post office, state, and ZIP code

 F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify)

 G Did you "materially participate" in the operation of this business during 2017? If "No," see instructions for limit on losses ☒ Yes ☐ No

H If you started or acquired this business during 2017, check here

 I Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions) ☒ Yes ☐ No

 J If "Yes," did you or will you file required Forms 1099? ☒ Yes ☐ No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ☐	1	2,693,334.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	2,693,334.
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	2,693,334.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) SEE STATEMENT 16	6	1,600.
7	Gross income. Add lines 5 and 6	7	2,694,934.

Part II Expenses. Enter expenses for business use of your home only on line 30.

8	Advertising	8		18	Office expense	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	21,970.
b	Other	16b		b	Deductible meals and entertainment (see instructions)	24b	100.
17	Legal and professional services	17	100,305.	25	Utilities	25	
				26	Wages (less employment credits)	26	
				27 a	Other expenses (from line 48)	27a	1,102,382.
				b	Reserved for future use	27b	

28 Total expenses before expenses for business use of home. Add lines 8 through 27a

29 Tentative profit or (loss). Subtract line 28 from line 7

30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions).

Simplified method filers only: enter the total square footage of: (a) your home:

and (b) the part of your home used for business:

Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30

31 Net profit or (loss). Subtract line 30 from line 29.

• If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2.

(If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3.

• If a loss, you must go to line 32.

32 If you have a loss, check the box that describes your investment in this activity (see instructions).

• If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2.

(If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3.

• If you checked 32b, you must attach Form 6198. Your loss may be limited.

 32a ☐ All investment is at risk.
 32b ☐ Some investment is not at risk.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2017

720001 10-21-17

7

09090522 789846 1255

2017.03050 JENNER, CAITLYN

1255__1

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☐ No

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35
36 Purchases less cost of items withdrawn for personal use	36
37 Cost of labor. Do not include any amounts paid to yourself	37
38 Materials and supplies	38
39 Other costs	39
40 Add lines 35 through 39	40
41 Inventory at end of year	41
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ / /

44 Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle for:

a Business b Commuting c Other

45 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

47 a Do you have evidence to support your deduction? ☐ Yes ☐ No

b If "Yes," is the evidence written? ☐ Yes ☐ No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

AGENT FEES	281,500.
CA GROSS RECEIPTS FEE	1,600.
TRANSCRIBING	2,165.
WRITING FEES	816,667.
POSTAGE & SHIPPING	450.
48 Total other expenses. Enter here and on line 27a	1,102,382.

SCHEDULE E
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040, 1040NR, or Form 1041.

▶ Go to www.irs.gov/ScheduleE for instructions and the latest information.

OMB No. 1545-0074

2017

Attachment
Sequence No. 13

Name(s) shown on return

Your social security number

CAITLYN M. JENNER

Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions) ☒ Yes ☐ No
B If "Yes," did you or will you file required Forms 1099? ☒ Yes ☐ No

1a Physical address of each property (street, city, state, ZIP code)

A ROYALTIES - NO SITUS

B

C

1b	Type of Property (from list below)	2	Fair Rental Days	Personal Use Days	QJV
A	6	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	A		☐
B			B		☐
C			C		☐

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:	Properties:	A	B	C
3 Rents received	3			
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13			
14 Repairs	14			
15 Supplies	15			
16 Taxes	16			
17 Utilities	17			
18 Depreciation expense or depletion	18			
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20			
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	0.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22			
23a Total of all amounts reported on line 3 for all rental properties	23a			
b Total of all amounts reported on line 4 for all royalty properties	23b			
c Total of all amounts reported on line 12 for all properties	23c			
d Total of all amounts reported on line 18 for all properties	23d			
e Total of all amounts reported on line 20 for all properties	23e			
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25			
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26			0.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2017

Name(s) shown on return. Do not enter name and social security number if shown on page 1.

Your social security number

CAITLYN M. JENNER

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations Note: If you report a loss from an at-risk activity for which any amount is not at risk, you must check column (e) on line 28 and attach Form 6198. See instructions.

- 27 Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? ☐ Yes ☒ No
If you answered "Yes," see instructions before completing this section.

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	CAIT'S WORLD, INC. (FKA WILLIAM BRUCE				
B	JENNER, INC)	S			
C					
D					

Passive Income and Loss			Nonpassive Income and Loss		
	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A					
B				1,716.	52,271.
C					
D					
29a	Totals				52,271.
b	Totals			1,716.	
30	Add columns (g) and (j) of line 29a			30	52,271.
31	Add columns (f), (h), and (i) of line 29b			31	(1,716.)
32	Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below			32	50,555.

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss		Nonpassive Income and Loss	
	(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(f) Other income from Schedule K-1
A			
B			
34a	Totals		
b	Totals		
35	Add columns (d) and (f) of line 34a	35	
36	Add columns (c) and (e) of line 34b	36	()
37	Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below	37	

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b

39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 28, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18	41	50,555.
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

Schedule E (Form 1040) 2017

2017 Income from Passthroughs

CAIT'S WORLD, INC. (FKA WILLIAM BRUCE JENNER, INC)

I.D. NUMBER: [REDACTED]

TYPE: S CORPORATION

ACTIVITY INFORMATION:

CAIT'S WORLD, INC. (FKA WILLIAM BRUCE JENNER, INC)

TRADE OR BUSINESS - MATERIAL PARTICIPATION

ORDINARY INCOME (LOSS)	52,271.
------------------------	---------

TOTAL NONPASSIVE INCOME (LOSS)	52,271.
--------------------------------	---------

SECTION 179 AND CARRYOVER	-1,716.
---------------------------	---------

TOTAL SECTION 179 EXPENSE	-1,716.
---------------------------	---------

TAX PREFERENCE ITEMS:

DEPRECIATION ADJUSTMENT	777.
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OTHER K-1 INFORMATION:

ORDINARY DIVIDENDS	2,651.
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MEDICAL INSURANCE	11,165.
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SE EARNINGS	276,166.
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Name of person with self-employment income (as shown on Form 1040 or Form 1040NR)

Social security number of person with self-employment income

CAITLYN M. JENNER

Section B - Long Schedule SE

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is church employee income, see instructions. Also see instructions for the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I		☐
1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. Note: Skip lines 1a and 1b if you use the farm optional method (see instructions)	1a	
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z	1b	
2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report. Note: Skip this line if you use the nonfarm optional method (see instructions) SEE STATEMENT 17	2	1,473,027.
3 Combine lines 1a, 1b, and 2	3	1,473,027.
4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3. Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	4a	1,360,340.
b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
c Combine lines 4a and 4b. If less than \$400, stop; you don't owe self-employment tax. Exception: If less than \$400 and you had church employee income, enter -0- and continue	4c	1,360,340.
5a Enter your church employee income from Form W-2. See instructions for definition of church employee income	5a	
b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-	5b	
6 Add lines 4c and 5b	6	1,360,340.
7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2017	7	127,200.00
8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$127,200 or more, skip lines 8b through 10, and go to line 11	8a	127,280.
b Unreported tips subject to social security tax (from Form 4137, line 10)	8b	
c Wages subject to social security tax (from Form 8919, line 10)	8c	
d Add lines 8a, 8b, and 8c	8d	
9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9	
10 Multiply the smaller of line 6 or line 9 by 12.4% (0.124)	10	
11 Multiply line 6 by 2.9% (0.029)	11	39,450.
12 Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 57, or Form 1040NR, line 55	12	39,450.
13 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27	13	19,725.

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method only if (a) your gross farm income¹ wasn't more than \$7,800, or (b) your net farm profits² were less than \$5,631.

14 Maximum income for optional methods	14	5,200.00
15 Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$5,200. Also include this amount on line 4b above	15	

Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits³ were less than \$5,631 and also less than 72.189% of your gross nonfarm income⁴; and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. Caution: You may use this method no more than five times.

16 Subtract line 15 from line 14	16	
17 Enter the smaller of: two-thirds (2/3) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also include this amount on line 4b above	17	

¹ From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.² From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A - minus the amount you would have entered on line 1b had you not used the optional method.³ From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.⁴ From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

Foreign Tax Credit
(Individual, Estate, or Trust)

OMB No. 1545-0121

2017

Attachment
Sequence No. **19**

▶ Attach to Form 1040, 1040NR, 1041, or 990-T.

▶ Go to www.irs.gov/Form1116 for instructions and the latest information.

Name

Identifying number as shown on page 1 of your tax return

CAITLYN M. JENNER

Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a ☐ Passive category income c ☐ Section 901(j) income e ☐ Lump-sum distributions
b ☒ General category income d ☐ Certain income re-sourced by treaty

f Resident of (name of country) ▶ **UNITED STATES**

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
g Enter the name of the foreign country or U.S. possession UNITED KINGDOM				
1a Gross income from sources within country shown above and of the type checked above:	31,440.			1a 31,440.
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) ☐				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement) SEE STATEMENT 18	21,669.			
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction	267,513.			
b Other deductions (attach statement)				
c Add lines 3a and 3b	267,513.			
d Gross foreign source income	31,440.			
e Gross income from all sources	4,172,095.			
f Divide line 3d by line 3e	.00754			
g Multiply line 3c by line 3f	2,017.			
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)	214.			
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	23,900.			6 23,900.
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7 7,540.

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (h) ☒ Paid (i) ☐ Accrued	Foreign taxes paid or accrued							(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
		In foreign currency				In U.S. dollars				
		Taxes withheld at source on:			(n) Other foreign taxes paid or accrued	Taxes withheld at source on:				
		(j) Date paid or accrued	(k) Dividends	(l) Rents and royalties		(m) Interest	(o) Dividends	(p) Rents and royalties		
A									6,288.	6,288.
B										
C										

8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 **8** 6,288.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2017)

Part III Figuring the Credit

9 Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	6,288.	
10 Carryback or carryover (attach detailed computation)	10		
11 Add lines 9 and 10	11	6,288.	
12 Reduction in foreign taxes	12		
13 Taxes reclassified under high tax kickout	13		
14 Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit	14		6,288.
15 Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I	15	7,540.	
16 Adjustments to line 15	16		
17 Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.)	17	7,540.	
18 Individuals: Enter the amount from Form 1040, line 41; or Form 1040NR, line 39. Estates and trusts: Enter your taxable income without the deduction for your exemption	18	1,469,195.	
Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.			
19 Divide line 17 by line 18. If line 17 is more than line 18, enter "1"	19		.00513
20 Individuals: Enter the total of Form 1040, lines 44 and 46. If you are a nonresident alien, enter the total of Form 1040NR, lines 42 and 44. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, lines 36, 37, and 39. Foreign estates and trusts should enter the amount from Form 1040NR, line 42	20		537,620.
Caution: If you are completing line 20 for separate category e (lump-sum distributions), see instructions.			
21 Multiply line 20 by line 19 (maximum amount of credit)	21		2,758.
22 Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 27 and enter this amount on line 28. Otherwise, complete the appropriate line in Part IV	22		2,758.

Part IV Summary of Credits From Separate Parts III

23 Credit for taxes on passive category income	23		
24 Credit for taxes on general category income	24		
25 Credit for taxes on certain income re-sourced by treaty	25		
26 Credit for taxes on lump-sum distributions	26		
27 Add lines 23 through 26	27		
28 Enter the smaller of line 20 or line 27	28		2,758.
29 Reduction of credit for international boycott operations	29		
30 Subtract line 29 from line 28. This is your foreign tax credit. Enter here and on Form 1040, line 48; Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 41a	30		2,758.

Form 1116 (2017)

DOES NOT APPLY

Form

6251Department of the Treasury
Internal Revenue Service (99)**Alternative Minimum Tax - Individuals**▶ Go to www.irs.gov/Form6251 for instructions and the latest information.

▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2017Attachment
Sequence No. **32**

Name(s) shown on Form 1040 or Form 1040NR

Your social security number

CAITLYN M. JENNER**Part I Alternative Minimum Taxable Income**

1 If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.)	1	1,469,195.
2 Reserved for future use	2	
3 Taxes from Schedule A (Form 1040), line 9	3	297,532.
4 Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line	4	
5 Miscellaneous deductions from Schedule A (Form 1040), line 27	5	
6 If Form 1040, line 38, is \$156,900 or less, enter -0-. Otherwise, see instructions	6	-49,451.
7 Tax refund from Form 1040, line 10 or line 21	7	-73,187.
8 Investment interest expense (difference between regular tax and AMT)	8	
9 Depletion (difference between regular tax and AMT)	9	
10 Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	
11 Alternative tax net operating loss deduction	11	
12 Interest from specified private activity bonds exempt from the regular tax	12	
13 Qualified small business stock, see instructions	13	
14 Exercise of incentive stock options (excess of AMT income over regular tax income)	14	
15 Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	15	
16 Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	16	
17 Disposition of property (difference between AMT and regular tax gain or loss)	17	
18 Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) STMT 19	18	777.
19 Passive activities (difference between AMT and regular tax income or loss)	19	
20 Loss limitations (difference between AMT and regular tax income or loss)	20	
21 Circulation costs (difference between regular tax and AMT)	21	
22 Long-term contracts (difference between AMT and regular tax income)	22	
23 Mining costs (difference between regular tax and AMT)	23	
24 Research and experimental costs (difference between regular tax and AMT)	24	
25 Income from certain installment sales before January 1, 1987	25	
26 Intangible drilling costs preference	26	
27 Other adjustments, including income-based related adjustments	27	
28 Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$249,450, see instructions.)	28	1,644,866.

Part II Alternative Minimum Tax (AMT)

29 Exemption. (If you were under age 24 at the end of 2017, see instructions.)		
IF your filing status is... AND line 28 is not over... THEN enter on line 29...		
Single or head of household \$120,700 \$54,300		
Married filing jointly or qualifying widow(er) 160,900 84,500		
Married filing separately 80,450 42,250		
If line 28 is over the amount shown above for your filing status, see instructions.	29	0.
30 Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 31, 33, and 35, and go to line 34	30	1,644,866.
31 • If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 64 here. • All others: If line 30 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 30 by 26% (0.26). Otherwise, multiply line 30 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result.	31	456,806.
32 Alternative minimum tax foreign tax credit (see instructions)	32	2,645.
33 Tentative minimum tax. Subtract line 32 from line 31	33	454,161.
34 Add Form 1040, line 44 (minus any tax from Form 4972), and Form 1040, line 46. Subtract from the result any foreign tax credit from Form 1040, line 48. If you used Sch J to figure your tax on Form 1040, line 44, refigure that tax without using Schedule J before completing this line (see instructions)	34	534,862.
35 AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45	35	0.

719481 01-11-18 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 6251 (2017)

15

09090522 789846 1255

2017.03050 JENNER, CAITLYN

1255__1

Part III Tax Computation Using Maximum Capital Gains Rates

Complete Part III only if you are required to do so by line 31 or by the Foreign Earned Income Tax Worksheet in the instructions.

36 Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet in the instructions for line 31	36
37 Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	37
38 Enter the amount from Schedule D (Form 1040), line 19 (as figured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	38
39 If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as figured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	39
40 Enter the smaller of line 36 or line 39	40
41 Subtract line 40 from line 36	41
42 If line 41 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 41 by 26% (0.26). Otherwise, multiply line 41 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result	42
43 Enter: • \$75,900 if married filing jointly or qualifying widow(er), • \$37,950 if single or married filing separately, or • \$50,800 if head of household.	43
44 Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0-. If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	44
45 Subtract line 44 from line 43. If zero or less, enter -0-	45
46 Enter the smaller of line 36 or line 37	46
47 Enter the smaller of line 45 or line 46. This amount is taxed at 0%	47
48 Subtract line 47 from line 46	48
49 Enter: • \$418,400 if single • \$235,350 if married filing separately • \$470,700 if married filing jointly or qualifying widow(er) • \$444,550 if head of household	49
50 Enter the amount from line 45	50
51 Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 19 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0-. If you are filing Form 2555 or Form 2555-EZ, see instructions for the amount to enter	51
52 Add line 50 and line 51	52
53 Subtract line 52 from line 49. If zero or less, enter -0-	53
54 Enter the smaller of line 48 or line 53	54
55 Multiply line 54 by 15% (0.15)	55
56 Add lines 47 and 54 If lines 56 and 36 are the same, skip lines 57 through 61 and go to line 62. Otherwise, go to line 57.	56
57 Subtract line 56 from line 46	57
58 Multiply line 57 by 20% (0.20) If line 38 is zero or blank, skip lines 59 through 61 and go to line 62. Otherwise, go to line 59.	58
59 Add lines 41, 56, and 57	59
60 Subtract line 59 from line 36	60
61 Multiply line 60 by 25% (0.25)	61
62 Add lines 42, 55, 58, and 61	62
63 If line 36 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 36 by 26% (0.26). Otherwise, multiply line 36 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result	63
64 Enter the smaller of line 62 or line 63 here and on line 31. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 31. Instead, enter it on line 4 of the worksheet in the instructions for line 31	64

Name(s)	Social Security Number
CAITLYN M. JENNER	[REDACTED]

719914
04-01-17

Form

1116Department of the Treasury
Internal Revenue Service (99)**ALTERNATIVE MINIMUM TAX
Foreign Tax Credit**
(Individual, Estate, or Trust)

▶ Attach to Form 1040, 1040NR, 1041, or 990-T.

▶ Go to www.irs.gov/Form1116 for instructions and the latest information.

OMB No. 1545-0121

2017Attachment
Sequence No. **19**

Name

Identifying number as shown on page 1 of your tax return

CAITLYN M. JENNERUse a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a ☐ Passive category income c ☐ Section 901(j) income e ☐ Lump-sum distributions
b ☒ General category income d ☐ Certain income re-sourced by treaty

1 Resident of (name of country) ▶ UNITED STATES

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
1 Enter the name of the foreign country or U.S. possession UNITED KINGDOM				
1a Gross income from sources within country shown above and of the type checked above:	31,440.			1a 31,440.
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) ☐				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)	21,669.			
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction				
b Other deductions (attach statement)				
c Add lines 3a and 3b				
d Gross foreign source income	31,440.			
e Gross income from all sources	4,098,908.			
f Divide line 3d by line 3e	.00767			
g Multiply line 3c by line 3f				
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)	243.			
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	21,912.			6 21,912.
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7 9,528.

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (h) ☒ Paid (i) ☐ Accrued	Foreign taxes paid or accrued							
		In foreign currency			In U.S. dollars				
		Taxes withheld at source on:			Taxes withheld at source on:				
		(j) Dividends	(l) Rents and royalties	(m) Interest	(n) Other foreign taxes paid or accrued	(o) Dividends	(p) Rents and royalties	(q) Interest	
A								6,288.	6,288.
B									
C									
8									8 6,288.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2017)

ALTERNATIVE MINIMUM TAX

Form 1116 (2017) **CAITLYN M. JENNER**

Page **2**

Part III Figuring the Credit

9 Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	6,288.	
10 Carryback or carryover (attach detailed computation)	10		
11 Add lines 9 and 10	11	6,288.	
12 Reduction in foreign taxes	12		
13 Taxes reclassified under high tax kickout	13		
14 Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit	14	6,288.	
15 Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I	15	9,528.	
16 Adjustments to line 15	16		
17 Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.)	17	9,528.	
18 Individuals: Enter the amount from Form 1040, line 41; or Form 1040NR, line 39. Estates and trusts: Enter your taxable income without the deduction for your exemption	18	1,644,866.	
Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.			
19 Divide line 17 by line 18. If line 17 is more than line 18, enter "1"	19	.00579	
20 Individuals: Enter the total of Form 1040, lines 44 and 46. If you are a nonresident alien, enter the total of Form 1040NR, lines 42 and 44. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, lines 36, 37, and 39. Foreign estates and trusts should enter the amount from Form 1040NR, line 42	20	456,806.	
Caution: If you are completing line 20 for separate category e (lump-sum distributions), see instructions.			
21 Multiply line 20 by line 19 (maximum amount of credit)	21	2,645.	
22 Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 27 and enter this amount on line 28. Otherwise, complete the appropriate line in Part IV	22	2,645.	

Part IV Summary of Credits From Separate Parts III

23 Credit for taxes on passive category income	23		
24 Credit for taxes on general category income	24		
25 Credit for taxes on certain income re-sourced by treaty	25		
26 Credit for taxes on lump-sum distributions	26		
27 Add lines 23 through 26	27		
28 Enter the smaller of line 20 or line 27	28	2,645.	
29 Reduction of credit for international boycott operations	29		
30 Subtract line 29 from line 28. This is your foreign tax credit. Enter here and on Form 1040, line 48; Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 41a	30	2,645.	

Form 1116 (2017)

Form **8959**Department of the Treasury
Internal Revenue Service**Additional Medicare Tax**

▶ If any line does not apply to you, leave it blank. See separate instructions.

▶ Attach to Form 1040, 1040NR, 1040-PR, or 1040-SS.

▶ Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074

2017Attachment
Sequence No. 71

Name(s) shown on return

CAITLYN M. JENNER

Your social security number

Part I Additional Medicare Tax on Medicare Wages

1 Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	1	265,080.	
2 Unreported tips from Form 4137, line 6	2		
3 Wages from Form 8919, line 6	3		
4 Add lines 1 through 3	4	265,080.	
5 Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	5	200,000.	
6 Subtract line 5 from line 4. If zero or less, enter -0-	6		65,080.
7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7		586.

Part II Additional Medicare Tax on Self-Employment Income

8 Self-employment income from Schedule SE (Form 1040), Section A, line 4, or Section B, line 6. If you had a loss, enter -0- (Form 1040-PR and Form 1040-SS filers, see instructions.)	8	1,360,340.	
9 Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	9	200,000.	
10 Enter the amount from line 4	10	265,080.	
11 Subtract line 10 from line 9. If zero or less, enter -0-	11	0.	
12 Subtract line 11 from line 8. If zero or less, enter -0-	12		1,360,340.
13 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III	13		12,243.

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

14 Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14		
15 Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	15		
16 Subtract line 15 from line 14. If zero or less, enter -0-	16		
17 Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV	17		

Part IV Total Additional Medicare Tax

18 Add lines 7, 13, and 17. Also include this amount on Form 1040, line 62, (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions) and go to Part V	18		12,829.
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Part V Withholding Reconciliation

19 Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	4,429.	
20 Enter the amount from line 1	20	265,080.	
21 Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	3,844.	
22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22		585.
23 Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	23		
24 Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, line 64 (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions)	24		585.

Form

8960**Net Investment Income Tax -
Individuals, Estates, and Trusts**

OMB No. 1545-2227

2017Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form8960 for instructions and the latest information.Attachment
Sequence No. 72

Name(s) shown on your tax return

CAITLYN M. JENNER

Your social security number or EIN

Part I Investment Income☐ Section 6013(g) election (see instructions)☐ Section 6013(h) election (see instructions)☐ Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)	1	1,602.
2	Ordinary dividends (see instructions)	2	5,337.
3	Annuities (see instructions)	3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a	50,555.
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) STATEMENT 20	4b	-50,555.
c	Combine lines 4a and 4b	4c	0.
5a	Net gain or loss from disposition of property (see instructions)	5a	
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b	
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c	
d	Combine lines 5a through 5c	5d	
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)	6	
7	Other modifications to investment income (see instructions) SEE STATEMENT 21	7	55.
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7	8	6,994.

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)	9a	
b	State, local, and foreign income tax (see instructions)	9b	847.
c	Miscellaneous investment expenses (see instructions)	9c	
d	Add lines 9a, 9b, and 9c	9d	847.
10	Additional modifications (see instructions)	10	
11	Total deductions and modifications. Add lines 9d and 10	11	847.

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11 from Part I, line 8. Individuals complete lines 13-17. Estates and trusts complete lines 18a-21. If zero or less, enter -0-	12	6,147.
13	Modified adjusted gross income (see instructions)	13	1,909,873.
14	Threshold based on filing status (see instructions)	14	200,000.
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	1,709,873.
16	Enter the smaller of line 12 or line 15	16	6,147.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (.038). Enter here and include on your tax return (see instructions)	17	234.
18a	Net investment income (line 12 above)	18a	
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b	
c	Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0-	18c	
19a	Adjusted gross income (see instructions)	19a	
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b	
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c	
20	Enter the smaller of line 18c or line 19c	20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (.038). Enter here and include on your tax return (see instructions)	21	

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8960 (2017)

Line 7 - Deduction Recoveries Worksheet

CALIFORNIA

Keep for Your Records

1. Enter total amount of recovery included in gross income	1. <u>50,479.</u>
• Don't include recoveries of items that are included in net investment income in the year of recovery (included on lines 1-6). • Don't include recoveries of items if the amount relates to a deduction taken in a tax year beginning before 2013. • Don't include recoveries of items if the amount relates to a deduction taken in a tax year beginning after 2012, and you weren't subject to the NIIT solely because your MAGI was below the applicable threshold.	
CAUTION <i>This rule doesn't apply if you incurred a net operating loss (NOL) in such year, and a portion of such NOL constitutes a section 1411 NOL.</i>	
2. Amount of the recovery that would've been included in gross income but for the application of the tax benefit rule under section 111	2. <u>0.</u>
3. Total amount of recovery (add lines 1 and 2)	3. <u>50,479.</u>
4. Enter the percentage of the deduction allocated to net investment income in the prior year. (If the deduction wasn't allocated between investment income and non-investment income, enter 100%.)	4. <u>.001085076</u>
5. Enter the lesser of (a) line 3 multiplied by line 4, or (b) the total amount deducted on the prior year Form 8960 attributable to item recovered (after any deduction limitations imposed by section 67 or 68)	5. <u>55.</u>
Calculation of recoveries when the deduction isn't taken into account in computing your section 1411 NOL	
6. Multiply line 5 by 0.038	6. <u>2.</u>
7. Enter the amount of net investment income in the year of the deduction (previous year's Form 8960, line 12, unless line 12 is zero, then previous year's Form 8960, line 8 minus line 11)	7. <u>2,348.</u>
8. Add the amount of line 5 to line 7	8. <u>2,403.</u>
9. Using the previous year's Form 8960, recalculate the NIIT for the year of the deduction by replacing the amount reported on line 12 with the amount reported on line 8 of this worksheet (don't use the net investment income reported on that year's Form 8960, line 12). Enter your recalculated NIIT here	9. <u>91.</u>
10. Enter the NIIT reported for the year of the deduction	10. <u>89.</u>
11. Subtract line 10 from line 9	11. <u>2.</u>
12. Enter the smaller of line 6 or line 11	12. <u>2.</u>
13. Divide line 12 by 3.8% (line 12 ÷ 0.038). Enter the result here and include on Form 8960, line 7 AMOUNT FULLY TAXED. LINE 12 EQUALS LINE 6.	13. <u>55.</u>
Calculation of recoveries when the deduction is taken into account in computing your section 1411 NOL	
14. Enter the amount of the section 1411 NOL in the year of the deduction (entered as a positive number)	14. _____
15. Enter the amount of the section 1411 NOL in the year of the deduction recomputed without the amount on line 5 (entered as a positive number, but not less than zero)	15. _____
16. Subtract line 15 from line 14. Enter the result here and include on Form 8960, line 7	16. _____

Lines 9 and 10 - Application of Itemized Deduction Limitations on Deductions Properly Allocable to Investment Income Worksheet

Keep for Your Records

Part I - Application of Section 67 to Deductions Properly Allocable to Investment Income

1. Enter the amount of Miscellaneous Itemized Deductions properly allocable to investment income before any itemized deduction limitations (Description and Form 8960 line number where they'll be reported):

	Description	Line	Amount
(a)			
(b)			

2. Enter the total of all items listed in line 1 2. _____
3. Enter the amount of all Miscellaneous Itemized Deductions after the application of the section 67 limitation (Schedule A (Form 1040), line 27) 3. _____
4. Enter the lesser of the total reported on line 2 or line 3 4. _____

Part II - Application of Section 67 Limitation to Specific Deductions

(A) Reenter the amounts and descriptions from Part I, line 1.			(B) IF line 3 is less than line 2, THEN divide line 3 by line 2 AND enter the amount in column (B). IF amounts reported on Part I, lines 2 and 4 are equal, THEN enter 1.00 in column (B).		(C) Multiply the individual amounts in column (A) by the amount in column (B).	
Description	Line	Amount				
(a)			X		=	
(b)			X		=	



Individuals - Use the amounts in column (C) on Part III, line 1, to determine the amount of these deductions that are allowable after the application of the section 68 limitation.

Estates or trusts - Enter the amounts in column (C) in the appropriate location on lines 9 and 10. Don't complete Parts III or IV of this worksheet.

Lines 9 and 10 - Application of Itemized Deduction Limitations on Deductions Properly Allocable to Investment Income Worksheet - continued

Keep for Your Records

Part III - Application of Section 68 to deductions properly allocable to investment income (Individuals Only)

1. Enter the amount of Miscellaneous Itemized Deductions properly allocable to investment income from column (C) of Part II:

	Description	Line	Amount
(a)			
(b)			

2. Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income **SEE STATEMENT 22** 2. **847.**

3. Enter the amounts of other Itemized Deductions subject to the section 68 limitation and properly allocable to investment income before any itemized deduction limitations (Description and Form 8960 line number where they'll be reported):

	Description	Line	Amount
(a)			
(b)			

4. Enter the total deductions properly allocable to investment income subject to the section 68 limitation. Enter the sum of lines 1 through 3 4. **847.**

5. Enter the amount of total itemized deductions reported on Form 1040 5. **440,678.**

6. Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation:

(a)	Investment Interest Expense	
(b)	Casualty Losses (other than losses described in section 165(c)(1))	
(c)	Medical Expenses	
(d)	Gambling Losses	
(e)	Total of lines 6(a) through 6(d)	6a.

7. Subtract line 6e from line 5 7. **440,678.**

8. Enter the lesser of line 7 or line 4 8. **847.**

TIP This is the amount of itemized deductions that are properly allocable to investment income after the application of the sections 67 and 68 deduction limitations. Use Part IV of this worksheet to reconcile this amount to the individual deduction amounts reported on Form 8960, lines 9 and 10.

Part IV - Reconciliation of Schedule A Deductions to Form 8960, lines 9 and 10 (Individuals Only)

(A)		(B)		(C)	
Reenter the amounts and descriptions from Part III, lines 1 - 3.		IF Part III, line 8 is less than Part III, line 4, THEN divide line 8 by line 4 AND enter the amount in column (B). IF the amounts reported on Part III, lines 4 and 8 are equal, THEN enter 1.00 in column (B).		Multiply the individual amounts in column (A) by the amount in column (B). Enter these amounts in the appropriate location on lines 9 and 10.	
Miscellaneous Itemized Deductions properly allocable to investment income:					
	Description	Line	Amount		
1.	(a)			X	=
	(b)			X	=
2.	State, local, and foreign income taxes		847.	X	1.0000 = 847.
Itemized Deductions Subject to Section 68 included on Line 3 of Part III:					
3.	(a)			X	=
	(b)			X	=

Form

8960**Net Investment Income Tax -
Individuals, Estates, and Trusts****2017**

CALIFORNIA

Name(s)

CAITLYN M. JENNER

Your social security number or EIN

Part I Investment Income☐

Section 6013(g) election

☐

Regulations section 1.1411-10(g) election

1	Taxable interest (Form 1040, line 8a; or Form 1041, line 1)	1	1,602.
2	Ordinary dividends (Form 1040, line 9a; or Form 1041, line 2a)	2	5,337.
3	Annuities from nonqualified plans	3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (Form 1040, line 17; or Form 1041, line 5)	4a	50,718.
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business	4b	-50,718.
c	Combine lines 4a and 4b	4c	0.
5a	Net gain or loss from disposition of property from Form 1040, combine lines 13 and 14; or from Form 1041, combine lines 4 and 7	5a	
b	Net gain or loss from disposition of property that is not subject to net investment income tax	5b	
c	Adjustment from disposition of partnership interest or S corporation stock	5c	
d	Combine lines 5a through 5c	5d	
6	Changes in investment income for certain CFCs and PFICs	6	
7	Other modifications to investment income	7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7	8	6,939.

Part II State Income Tax Pro-ratio for 2017 Income Tax Payments

9	State total income	9	1,836,849.
10	State income tax payments for 2017	10	222,885.
11	2017 state income tax payments attributable to investment income, line 8 divided by line 9 times line 10	11	842.

Part III State Income Tax Pro-ratio for 2016 Estimate Payments Made in 2017

12	State estimate payments for 2016	12	
13	Percent of state income taxes attributable to investment income for 2016	13	.001085
14	2016 state estimate payments attributable to investment income. Line 12 times line 13	14	

Part IV State Income Tax Pro-ratio for Balance of Prior Years Tax Plus Extension Payments Paid in 2017

15	Balance of prior years tax plus extension payments paid in 2017	15	
16	Percent of state income taxes attributable to investment income for 2016	16	.001085
17	Balance of prior years tax and extension payments attributable to investment income, Line 15 times line 16	17	

Part V Reduction of State Tax Deduction

18	Reduction of state tax deduction	18	()
19	Percent of state income taxes attributable to investment income for 2016	19	
20	Reduction of state tax deduction attributable to investment income, Line 18 times line 19	20	()

Part VI Total State Income Tax Payments Attributable to Investment Income

21	Combine lines 11, 14, 17 and 20. Carry to Form 8960, Line 9 Worksheet, Part III, line 2	21	842.
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Form 8960 (2017)

Form

8960**Net Investment Income Tax -
Individuals, Estates, and Trusts****2017**

NEW YORK

Name(s)

CAITLYN M. JENNER

Your social security number or EIN

Part I Investment Income☐ Section 6013(g) election☐ Regulations section 1.1411-10(g) election

1	Taxable interest (Form 1040, line 8a; or Form 1041, line 1)		1	0.
2	Ordinary dividends (Form 1040, line 9a; or Form 1041, line 2a)		2	14.
3	Annuities from nonqualified plans		3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (Form 1040, line 17; or Form 1041, line 5)	4a	258.	
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business	4b	-258.	
c	Combine lines 4a and 4b	4c		0.
5a	Net gain or loss from disposition of property from Form 1040, combine lines 13 and 14; or from Form 1041, combine lines 4 and 7	5a	0.	
b	Net gain or loss from disposition of property that is not subject to net investment income tax	5b		
c	Adjustment from disposition of partnership interest or S corporation stock	5c		
d	Combine lines 5a through 5c	5d		0.
6	Changes in investment income for certain CFCs and PFICs		6	
7	Other modifications to investment income		7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		8	14.

Part II State Income Tax Pro-ration for 2017 Income Tax Payments

9	State total income	9	1,635.
10	State income tax payments for 2017	10	599.
11	2017 state income tax payments attributable to investment income, line 8 divided by line 9 times line 10	11	5.

Part III State Income Tax Pro-ration for 2016 Estimate Payments Made in 2017

12	State estimate payments for 2016	12	
13	Percent of state income taxes attributable to investment income for 2016	13	
14	2016 state estimate payments attributable to investment income, Line 12 times line 13	14	

Part IV State Income Tax Pro-ration for Balance of Prior Years Tax Plus Extension Payments Paid in 2017

15	Balance of prior years tax plus extension payments paid in 2017	15	
16	Percent of state income taxes attributable to investment income for 2016	16	
17	Balance of prior years tax and extension payments attributable to investment income, Line 15 times line 16	17	

Part V Reduction of State Tax Deduction

18	Reduction of state tax deduction	18	()
19	Percent of state income taxes attributable to investment income for 2016	19	
20	Reduction of state tax deduction attributable to investment income, Line 18 times line 19	20	()

Part VI Total State Income Tax Payments Attributable to Investment Income

21	Combine lines 11, 14, 17 and 20. Carry to Form 8960, Line 9 Worksheet, Part III, line 2	21	5.
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Form 8960 (2017)

Shared Responsibility Payment

721636 12-28-17

To Figure Your Shared Responsibility Payment

- Follow Steps 1 through 5 next.
- Complete Worksheet A or Worksheet B if you are directed to them as you complete Steps 1 through 5.
- Complete the Shared Responsibility Payment Worksheet as directed by Steps 1 through 5 or Worksheets A and B.

Step 1 All Filers

1. Can someone claim you as a dependent?
☐ **Yes.** Stop. You don't owe a shared responsibility payment. Don't check the box on line 6a of Form 1040 or Form 1040A. If you file Form 1040EZ, check the box on line 5.
☒ **No.** Continue to line 2
 2. Did you, and everyone else in your tax household (see Tax household under Definitions, earlier) have qualifying health coverage for every month of 2017?
☒ **Yes.** Stop. You don't owe a shared responsibility payment. Check the Full-year coverage box on Form 1040, line 61; Form 1040A, line 38; or Form 1040EZ, line 11.
☐ **No.** Continue to line 3
- *You can check the Full-year coverage box if you had or adopted a child during the year, or a member of your tax household died during the year, as long as that person had qualifying health care coverage for every month he or she was a member of your tax household.
3. Did you or anyone else in your tax household have qualifying health coverage or qualify for a coverage exemption for any month in 2017?
☐ **Yes.** Stop. Claim any coverage exemption you qualify for on Form 8965. Skip question 4; go to Worksheet A.
☐ **No.** Continue to line 4
 4. Did you, or anyone else in your tax household turn 18 during 2017?
☐ **Yes.** Go to Worksheet A.
☐ **No.** Go to Step 2

Step 2 Flat Dollar Amount

1. Multiply \$695 by the number of people in your tax household who were at least 18 years old* 1 _____
*For purposes of figuring the shared responsibility payment, an individual is considered under age 18 for an entire month if he or she didn't turn 18 before the first day of the month. An individual turns 18 on the anniversary of the day the individual was born.
2. Multiply \$347.50 by the number of people in your tax household who were under age 18 2 _____
3. Add lines 1 and 2 3 _____
4. Enter the smaller of line 3 or \$2,085 here and on line 1 of the Shared Responsibility Payment Worksheet. Go to Step 3 4 _____

Step 3 Household Income

1. Enter the amount from Form 1040, line 38; Form 1040A, line 21; or Form 1040EZ, line 4 1 _____
2. Did you receive any tax-exempt interest?
☐ **Yes.** Enter the amount from Form 1040, line 8b; Form 1040A, line 8b; or the amount entered in the space to the left of Form 1040EZ, line 2 2 _____
☐ **No.** Continue to line 3
3. Did you attach Form 2555 or Form 2555-EZ?
☐ **Yes.** Enter the amount from Form 2555, lines 45 and 50; or Form 2555-EZ, line 18 3 _____
☐ **No.** Continue to line 4
4. Did you claim any dependents?
☐ **Yes.** Continue to line 5
☐ **No.** Stop. Add lines 1 through 3. **This is your household income.** Enter the result on Step 4, line 1
5. Were any of the dependents you claimed required to file a return?
☐ **Yes.** Complete questions 1 through 3 for each dependent with a filing requirement for whom you didn't attach Form 8814. Enter the total here 5 _____
☐ **No.** Add lines 1 through 3. **This is your household income.** Enter the result on Step 4, line 1
6. Did you attach Form 8814?
☐ **Yes.** Continue to line 7
☐ **No.** Stop. Add lines 1, 2, 3, and 5. **This is your household income.** Enter the result on Step 4, line 1
7. Is Form 8814, line 4, more than \$1,050?
☐ **Yes.** Add the amount from Form 8814, line 1b, and the smaller of Form 8814, line 4 or 5 7 _____
☐ **No.** Enter -0-. Continue to line 8
8. Add lines 1, 2, 3, 5, and 7. **This is your household income.** Enter the result on Step 4, line 1 8 _____

Shared Responsibility Payment continued

Step 4 Percentage Income Amount

1. Enter your household income from Step 3 1 _____
2. Were you or your spouse (if filing jointly) born before January 2, 1953?
☐ Yes. Skip question 3. Find your filing threshold on the **Filing Thresholds for Most People** chart and enter it both here and on line 4. 2 _____
☐ No. Go to question 3.
3. Enter the amount listed below for your filing status. 3 _____
 - Single - \$10,400
 - Head of household - \$13,400
 - Married filing jointly - \$20,800
 - Married filing separately - \$4,050
 - Qualifying widow(er) - \$16,750
4. Enter the amount from line 2 or 3. 4 _____
5. Subtract line 4 from line 1 5 _____
6. Is the amount on line 5 zero or less?
☐ Yes. Stop. You don't owe a shared responsibility payment. Complete Form 8965 by checking the box on line 7.
☐ No. Continue to line 7.
7. Multiply line 5 by 2.5% (0.025). This is your percentage income amount 7 _____
8. Were you required to complete Worksheet A?
☐ Yes. Go to Worksheet B. Then continue to Step 5
☐ No. Enter the amount from line 7 above on line 2 of the Shared Responsibility Payment Worksheet and complete line 3 of that worksheet. Then continue to Step 5.

Step 5 National Average Bronze Plan Premium

1. Were you required to complete Worksheet A?
☐ Yes. Continue to line 2
☐ No. Skip question 2; Go to question 3.
2. Multiply \$272* by the number on Worksheet A, line 8. Enter the result here and on line 4 of the Shared Responsibility Payment Worksheet. Skip question 3 and complete line 5 of the Shared Responsibility Payment Worksheet 2 _____
*\$272 is the 2017 national average premium for a bronze level health plan available through the Marketplace for one individual for one month.
3. Enter on line 4 of the Shared Responsibility Payment Worksheet, the amount below that corresponds to the total number of people in your tax household. Then complete line 5 of the Shared Responsibility Payment Worksheet.
 - 1 person - \$3,264
 - 2 people - \$6,528
 - 3 people - \$9,792
 - 4 people - \$13,056
 - 5 or more people - \$16,320

Shared Responsibility Payment Worksheet

Use this worksheet if you are referred here from the Shared Responsibility Payment flowchart or from Worksheet A or B. If everyone in your tax household had either minimum essential coverage or a coverage exemption for every month during 2017, stop here. You don't owe a shared responsibility payment.

Complete Step 1	
1. Enter the flat dollar amount. (From Step 2, question 4 or Worksheet A, line 7)	1 _____
Complete Step 3	
2. Enter the percentage income amount. (From Step 4, question 7 or Worksheet B, line 14)	2 _____
3. Enter the larger of line 1 or line 2	3 _____
Complete Step 5	
4. Enter the National Average Bronze Plan Premium (From Step 5, question 2 or 3)	4 _____
5. Enter the smaller of line 3 or line 4 here and on Form 1040, line 61; Form 1040A, line 38; or Form 1040EZ, line 11. This is your shared responsibility payment	5 _____

721637 12-26-17

21.7

09090522 789846 1255

2017.03050 JENNER, CAITLYN

1255__1

Depreciation and Amortization (Including Information on Listed Property)

▶ **Attach to your tax return.**

SUMMARY

OMB No. 1545-0172

2017

Attachment
Sequence No. 179Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return:

► Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates

Identifying number

CAITLYN M. JENNER

ALL BUSINESS ACTIVITIES

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	510,000.
2	Total cost of section 179 property placed in service (see instructions)	2	0.
3	Threshold cost of section 179 property before reduction in limitation	3	2,030,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	510,000.

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
	TOTAL ALLOWABLE PASS-THROUGH SECTION 179 EXPENSE	1,716.	

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	1,716.
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	1,716.
10	Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	510,000.
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	1,716.
13	Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III **MACRS Depreciation (Don't include listed property.) (See instructions.)**

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2017 **17**

18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐

Section B - Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

(a) Classification of property		(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property	/	27.5 yrs.	MM	S/L		
		/	27.5 yrs.	MM	S/L		
i	Nonresidential real property	/	39 yrs.	MM	S/L		
		/		MM	S/L		

Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year	/	40 yrs.	MM	S/L	

Part IV	Summary (See instructions.)
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21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21.		
Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	
23 For assets shown above and placed in service during the current year, enter the		
portion of the basis attributable to section 263A costs	23	

Form 1116

U.S. and Foreign Source Income Summary

NAME

CAITLYN M. JENNER

INCOME TYPE	TOTAL	U.S.	FOREIGN GENERAL
Compensation	276,246.	276,246.	
Dividends/Distributions	5,337.	5,337.	
Interest	1,602.	1,602.	
Capital Gains			
Business/Profession	2,694,934.	2,694,934.	
Rent/Royalty			
State/Local Refunds	73,187.	73,187.	
Partnership/S Corporation	SEE STATEMENT 25 1,057,130.	1,025,690.	31,440.
Trust/Estate			
Other Income	63,659.	63,659.	
Gross Income	4,172,095.	4,140,655.	31,440.
Less:			
Section 911 Exclusion			
Capital Losses			
Capital Gains Tax Adjustment			
Total Income - Form 1116	4,172,095.	4,140,655.	31,440.
Deductions:			
Business/Profession Expenses	2,231,332.	2,209,663.	21,669.
Rent/Royalty Expenses			
Partnership/S Corporation Losses			
Trust/Estate Losses			
Capital Losses			
Non-capital Losses			
Individual Retirement Account			
Moving Expenses			
Self-employment Tax Deduction	19,725.	19,725.	
Self-employment Health Insurance	11,165.	11,165.	
Keogh Contributions			
Alimony			
Forfeited Interest			
Foreign Housing Deduction			
Other Adjustments			
Capital Gains Tax Adjustment			
Total Deductions	2,262,222.	2,240,553.	21,669.
Adjusted Gross Income	1,909,873.	1,900,102.	9,771.
Less Itemized Deductions:			
Specifically Allocated	144,707.	144,707.	
Home Mortgage Interest	28,458.	28,244.	214.
Other Interest			
Ratably Allocated	267,513.	265,496.	2,017.
Total Adjustments to Adjusted Gross Income	440,678.	438,447.	2,231.
Taxable Income Before Exemptions	1,469,195.	1,461,655.	7,540.

Form 1116

Allocation of Itemized Deductions

NAME

CAITLYN M. JENNER

	Total Itemized Deductions	Itemized Deductions After Sec. 68 Reduction	Form 1116		
			Specifically U.S.	Specifically Foreign	Ratable
Taxes	297,532.	267,513.			267,513.
Interest - Not Including Investment Interest	31,651.	28,458.	28,244.	214.	
Contributions	160,946.	144,707.	144,707.		
Miscellaneous Deductions Subject to 2%					
Other Miscellaneous Deductions - Not Including Gambling Losses					
Foreign Adjustment					
Total Itemized Deductions Subject to Sec. 68	490,129.	440,678.			
Add Itemized Deductions Not Subject to Sec. 68:					
Medical/Dental					
Investment Interest					
Casualty Losses					
Gambling Losses					
Qualified contributions					
Foreign Adjustment					
Total Itemized Deductions	490,129.				
Total Allowed on Schedule A		440,678.	172,951.	214.	267,513.

Form 1116

Foreign Tax Credit Carryover Statement (Page 1 of 2)

NAME

CAITLYN M. JENNER

Foreign Income Category

GENERAL LIMITATION INCOME

Regular

	2012	2013	2014	2015	2016	2017
1. Foreign tax paid/accrued						6,288.
2. FTC carryback to 2017 for amended returns						
3. Reduction in foreign taxes						
4. Foreign tax available						6,288.
5. Maximum credit allowable						2,758.
6. Unused foreign tax (+) or excess of limit (-)						3,530.
7. Foreign tax carryback						
8. Foreign tax carryforward						
9. Foreign tax or excess limit remaining						3,530.
Total foreign taxes from all available years to be carried to next year						3,530.

	2007	2008	2009	2010	2011
1. Foreign tax paid/accrued					
2. FTC carryback to 2017 for amended returns					
3. Reduction in foreign taxes					
4. Foreign tax available					
5. Maximum credit allowable					
6. Unused foreign tax (+) or excess of limit (-)					
7. Foreign tax carryback					
8. Foreign tax carryforward					
9. Foreign tax or excess limit remaining					

NAME

CAITLYN M. JENNER

Foreign Income Category

GENERAL LIMITATION INCOME

AMT	2012	2013	2014	2015	2016	2017
1. Foreign tax paid/accrued						6,288.
2. FTC carryback to 2017 for amended returns						
3. Reduction in foreign taxes						
4. Foreign tax available						6,288.
5. Maximum credit allowable						2,645.
6. Unused foreign tax (+) or excess of limit (-)						3,643.
7. Foreign tax carryback						
8. Foreign tax carryforward						
9. Foreign tax or excess limit remaining						3,643.
Total foreign taxes from all available years to be carried to next year						3,643.

	2007	2008	2009	2010	2011
1. Foreign tax paid/accrued					
2. FTC carryback to 2017 for amended returns					
3. Reduction in foreign taxes					
4. Foreign tax available					
5. Maximum credit allowable					
6. Unused foreign tax (+) or excess of limit (-)					
7. Foreign tax carryback					
8. Foreign tax carryforward					
9. Foreign tax or excess limit remaining					

Form 1116

Foreign Wages, Salaries, Business and Profession Income

NAME

CAITLYN M. JENNER

Wages and Salaries:

Source	Amount
Total Foreign Wages and Salaries	

Business and Profession Income:

Source	Amount
CAIT'S WORLD, INC. (FKA WILLIAM BRUCE JENNER, IN	31,440.
Total Foreign Business and Profession Income	31,440.

Reduction for Foreign Earned Income Exclusion/Deduction:

Total Foreign Wages and Salaries	
Foreign Earned Income Exclusion/Deduction	
Percent Applicable to Foreign Wages and Salaries	
Reduction Amount	
Wages and Salaries Included on Form 1116, line 1	

Total Foreign Business and Profession Income	
Foreign Earned Income Exclusion/Deduction	
Percent Applicable to Foreign Business and Profession Income	
Reduction Amount	

Business and Profession Income Included on Form 1116, line 1 31,440.

727531
04-01-17

CAITLYN M. JENNER

FORM 1040 MISCELLANEOUS INCOME STATEMENT 1

DESCRIPTION	AMOUNT
AMERICAN BROADCASTING CO	2,850.
TOTAL TO FORM 1040, LINE 21	2,850.

CAITLYN M. JENNER



FORM 1040

PENSIONS AND ANNUITIES

STATEMENT

2

JPMORGAN CHASE BANK NA TEFRA ACCT

AMOUNT RECEIVED THIS YEAR 36,011.

NONTAXABLE AMOUNT

CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D

36,011.

SCREEN ACTORS GUILD PRODUCERS PENSION PLAN

AMOUNT RECEIVED THIS YEAR 24,798.

NONTAXABLE AMOUNT

CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D

24,798.

TOTAL INCLUDED IN FORM 1040, LINE 16B

60,809.

FORM 1040 STATE AND LOCAL INCOME TAX REFUNDS STATEMENT 3

	2016	2015	2014
	CALIFORNIA		
GROSS STATE/LOCAL INC TAX REFUNDS	50,479.		
LESS: TAX PAID IN FOLLOWING YEAR			
NET TAX REFUNDS CALIFORNIA	50,479.		
	COLORADO		
GROSS STATE/LOCAL INC TAX REFUNDS	181.		
LESS: TAX PAID IN FOLLOWING YEAR			
NET TAX REFUNDS COLORADO	181.		
	NEW YORK		
GROSS STATE/LOCAL INC TAX REFUNDS	399.		
LESS: TAX PAID IN FOLLOWING YEAR			
NET TAX REFUNDS NEW YORK	399.		
			CALIFORNIA
GROSS STATE/LOCAL INC TAX REFUNDS			22,128.
LESS: TAX PAID IN FOLLOWING YEAR			
NET TAX REFUNDS CALIFORNIA			22,128.
TOTAL NET TAX REFUNDS	51,059.		22,128.

FORM 1040

PERSONAL EXEMPTION WORKSHEET

STATEMENT

4

1. IS THE AMOUNT ON FORM 1040, LINE 38, MORE THAN THE AMOUNT SHOWN ON LINE 4 BELOW FOR YOUR FILING STATUS?
NO. STOP. MULTIPLY \$4,050 BY THE TOTAL NUMBER OF EXEMPTIONS CLAIMED ON FORM 1040, LINE 6D, AND ENTER THE RESULT ON LINE 42.
YES. CONTINUE
2. MULTIPLY \$4,050 BY THE TOTAL NUMBER OF EXEMPTIONS CLAIMED ON FORM 1040, LINE 6D 4,050.
3. ENTER THE AMOUNT FROM FORM 1040, LINE 38 1,909,873.
4. ENTER THE AMOUNT FOR YOUR FILING STATUS 261,500.
- SINGLE \$261,500
MARRIED FILING JOINTLY OR WIDOW(ER) \$313,800
MARRIED FILING SEPARATELY \$156,900
HEAD OF HOUSEHOLD \$287,650
5. SUBTRACT LINE 4 FROM LINE 3. IF THE RESULT IS MORE THAN \$122,500 (\$61,250 IF MARRIED FILING SEPARATELY), STOP. ENTER -0- ON LINE 42 1,648,373.
6. DIVIDE LINE 5 BY \$2,500 (\$1,250 IF MARRIED FILING SEPARATELY). IF THE RESULT IS NOT A WHOLE NUMBER, INCREASE IT TO THE NEXT HIGHER WHOLE NUMBER (FOR EXAMPLE, INCREASE 0.0004 TO 1)
7. MULTIPLY LINE 6 BY 2% (.02) AND ENTER THE RESULT AS A DECIMAL
8. MULTIPLY LINE 2 BY LINE 7
9. SUBTRACT LINE 8 FROM LINE 2. TOTAL TO FORM 1040, LINE 42.

FORM 1040	TAXABLE STATE AND LOCAL INCOME TAX REFUNDS	STATEMENT	5
	2016	2015	2014
NET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT.	51,059.		22,128.
LESS: REFUNDS-NO BENEFIT DUE TO AMT -SALES TAX BENEFIT REDUCTION			
1 NET REFUNDS FOR RECALCULATION	51,059.		22,128.
2 TOTAL ITEMIZED DEDUCTIONS BEFORE PHASEOUT	658,521.		
3 DEDUCTION NOT SUBJ TO PHASEOUT			
4 NET REFUNDS FROM LINE 1	51,059.		
5 LINE 2 MINUS LINES 3 AND 4	607,462.		
6 MULT LN 5 BY APPL SEC. 68 PCT	485,970.		
7 PRIOR YEAR AGI	2,513,414.		
8 ITEM. DED. PHASEOUT THRESHOLD	259,400.		
9 SUBTRACT LINE 8 FROM LINE 7 (IF ZERO OR LESS, SKIP LINES 10 THROUGH 15, AND ENTER AMOUNT FROM LINE 1 ON LINE 16)	2,254,014.		
10 MULT LN 9 BY APPL SEC. 68 PCT	67,620.		
11 ALLOWABLE ITEMIZED DEDUCTIONS (LINE 5 LESS THE LESSER OF LINE 6 OR LINE 10)	539,842.		
12 ITEM DED. NOT SUBJ TO PHASEOUT			
13A TOTAL ADJ. ITEMIZED DEDUCTIONS	539,842.		
13B PRIOR YR. STD. DED. AVAILABLE	7,850.		
14 PRIOR YR. ALLOWABLE ITEM. DED.	590,901.		
15 SUBTRACT THE GREATER OF LINE 13A OR LINE 13B FROM LINE 14	51,059.		
16 TAXABLE REFUNDS (LESSER OF LINE 15 OR LINE 1)	51,059.		
17 ALLOWABLE PRIOR YR. ITEM. DED.	590,901.		
18 PRIOR YEAR STD. DED. AVAILABLE	7,850.		
19 SUBTRACT LINE 18 FROM LINE 17	583,051.		
20 LESSER OF LINE 16 OR LINE 19	51,059.		
21 PRIOR YEAR TAXABLE INCOME	1,922,513.		
22 AMOUNT TO INCLUDE ON FORM 1040, LINE 10 * IF LINE 21 IS -0- OR MORE, USE AMOUNT FROM LINE 20 * IF LINE 21 IS A NEGATIVE AMOUNT, NET LINES 20 AND 21			73,187.
STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 2014			
TOTAL TO FORM 1040, LINE 10			73,187.

CAITLYN M. JENNER

FORM 1040

WAGES RECEIVED AND TAXES WITHHELD

STATEMENT

6

T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
T GEP TALENT SERVICES, LLC	67.	17.	4.	1.	4.	1.
T TEAM TOURS, INC.	276,166.	140,000.	100,200.	998.	7,886.	4,428.
T WB STUDIO ENTERPRISES INC.	13.		1.		1.	
TOTALS	276,246.	140,017.	100,205.	999.	7,891.	4,429.

CAITLYN M. JENNER

FORM 1040 SELF-EMPLOYED HEALTH INSURANCE DEDUCTION WORKSHEET STATEMENT 7

CAITLYN M. JENNER

CAIT'S WORLD, INC. (FKA WILLIAM BRUCE JENNER, INC)

1	NONSPECIFIED HEALTH INSURANCE PAYMENTS	11,165.
2	NET PROFIT FROM TRADE OR BUSINESS UNDER WHICH INSURANCE PLAN IS ESTABLISHED	276,166.
3	TOTAL OF ALL NET PROFITS AND EARNED INCOME. S CORPORATIONS SKIP TO LINE 9	
4	DIVIDE LINE 2 BY LINE 3	
5	DEDUCTIBLE PORTION OF SELF-EMPLOYMENT TAX	
6	LINE 4 TIMES LINE 5	
7	LINE 2 MINUS LINE 6	
8	SELF-EMPLOYED SEP, SIMPLE, AND QUALIFIED PLANS ATTRIBUTABLE TO TRADE OR BUSINESS NAMED ABOVE	
9	LINE 7 MINUS LINE 8. S CORPORATIONS ENTER WAGES RECEIVED	276,166.
10	FORM 2555, LINE 45 ATTRIBUTABLE TO THE TRADE OR BUSINESS NAMED ABOVE	
11	LINE 9 MINUS LINE 10	276,166.
12	SELF-EMPLOYED HEALTH INSURANCE DEDUCTION. LESSER OF LINE 1 OR LINE 11	11,165.

FORM 1040	EXCESS SOCIAL SECURITY TAX WORKSHEET	STATEMENT	8
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	TAXPAYER	SPOUSE
1. ADD ALL SOCIAL SECURITY TAX WITHHELD BUT NOT MORE THAN \$7,886.40 FOR EACH EMPLOYER (THIS TAX SHOULD BE SHOWN IN BOX 4 OF YOUR W-2 FORMS). ENTER THE TOTAL HERE	7,891.	
2. ENTER ANY UNCOLLECTED SOCIAL SECURITY TAX ON TIPS OR GROUP-TERM LIFE INSURANCE INCLUDED IN THE TOTAL ON FORM 1040, LINE 62		
3. ADD LINES 1 AND 2	7,891.	
4. SOCIAL SECURITY TAX LIMIT	7,886.	
5. SUBTRACT LINE 4 FROM LINE 3. EXCESS SOCIAL SECURITY TAX INCLUDED IN FORM 1040, LINE 71.	5.	

FORM 1040	FEDERAL INCOME TAX WITHHELD	STATEMENT	9
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T S DESCRIPTION	AMOUNT
T GEP TALENT SERVICES, LLC	17.
T TEAM TOURS, INC.	140,000.
T JPMORGAN CHASE BANK NA TEFRA ACCT	3,173.
T SCREEN ACTORS GUILD PRODUCERS PENSION PLAN	6,000.
FORM 8959, LINE 24	585.
TOTAL TO FORM 1040, LINE 64	149,775.

FORM 1040	OTHER TAXES	STATEMENT	10
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DESCRIPTION	AMOUNT
FROM FORM 8959	12,829.
FROM FORM 8960	234.
TOTAL TO FORM 1040, LINE 62	13,063.

FORM 1040

CURRENT YEAR ESTIMATES AND
AMOUNT APPLIED FROM PREVIOUS YEAR

STATEMENT 11

DESCRIPTION	AMOUNT
2ND QTR ESTIMATE PAYMENT	150,000.
3RD QTR ESTIMATE PAYMENT	125,000.
4TH QTR ESTIMATE PAYMENT	110,000.
PRIOR YEAR OVERPAYMENT APPLIED	102,368.
TOTAL TO FORM 1040, LINE 65	487,368.

SCHEDULE A	STATE AND LOCAL INCOME TAXES	STATEMENT 12
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DESCRIPTION	AMOUNT
SCREEN ACTORS GUILD PRODUCERS PENSION PLAN	2,400.
GEP TALENT SERVICES, LLC	4.
STATE DISABILITY INSURANCE - GEP TALENT SERVICES, LLC	1.
TEAM TOURS, INC.	100,000.
STATE DISABILITY INSURANCE - TEAM TOURS, INC.	998.
TEAM TOURS, INC.	200.
WB STUDIO ENTERPRISES INC.	1.
CA FRANCHISE TAX - CAITLYN AVIATION LLC	800.
CA FRANCHISE TAX - CJ MEMOIRES	800.
PA STATE TAX PAYMENTS	188.
NEW YORK PRIOR YEAR OVERPAYMENT APPLIED	399.
CALIFORNIA 2ND QTR ESTIMATE PAYMENTS	50,000.
CALIFORNIA 3RD QTR ESTIMATE PAYMENTS	20,000.
CALIFORNIA PRIOR YEAR OVERPAYMENT APPLIED	50,479.
TOTAL TO SCHEDULE A, LINE 5	226,270.

SCHEDULE A	CASH CONTRIBUTIONS	STATEMENT 13
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DESCRIPTION	AMOUNT 100% LIMIT	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT
CAITLYN JENNER FOUNDATION		160,000.	
GLAAD		946.	
SUBTOTALS		160,946.	
TOTAL TO SCHEDULE A, LINE 16			160,946.

CAITLYN M. JENNER

SCHEDULE A MORTGAGE INTEREST AND POINTS STATEMENT 14
REPORTED ON FORM 1098

DESCRIPTION	AMOUNT
HOME MORTGAGE INTEREST PAID TO A FINANCIAL INSTITUTION	73,156.
LESS INTEREST DUE TO MORTGAGE LIMITATION	-41,505.
TOTAL TO SCHEDULE A, LINE 10	31,651.



SCHEDULE A	ITEMIZED DEDUCTIONS WORKSHEET	STATEMENT 15
1.	ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4, 9, 15, 19, 20, 27, AND 28.	490,129.
2.	ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4, 14, AND 20, PLUS ANY GAMBLING AND CASUALTY OR THEFT LOSSES INCLUDED ON LINE 28 AND ANY QUALIFIED CONTRIBUTIONS INCLUDED ON LINE 16.	0.
3.	IS THE AMOUNT ON LINE 2 LESS THAN THE AMOUNT ON LINE 1? IF NO, YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 29. IF YES, SUBTRACT LINE 2 FROM LINE 1.	490,129.
4.	MULTIPLY LINE 3 BY 80% (.80).	392,103.
5.	ENTER THE AMOUNT FROM FORM 1040, LINE 38.	1,909,873.
6.	ENTER \$313,800 IF MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER); \$287,650 IF HEAD OF HOUSEHOLD; \$261,500 IF SINGLE; OR \$156,900 IF MARRIED FILING SEPARATELY.	261,500.
7.	IS THE AMOUNT ON LINE 6 LESS THAN THE AMOUNT ON LINE 5? IF NO, YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 29. IF YES, SUBTRACT LINE 6 FROM LINE 5.	1,648,373.
8.	MULTIPLY LINE 7 BY 3% (.03).	49,451.
9.	ENTER THE SMALLER OF LINE 4 OR LINE 8.	49,451.
10.	TOTAL ITEMIZED DEDUCTIONS. SUBTRACT LINE 9 FROM LINE 1. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 29.	440,678.

SCHEDULE C	OTHER INCOME	STATEMENT 16
DESCRIPTION		AMOUNT
CA GROSS RECEIPTS FEE REFUND		1,600.
TOTAL TO SCHEDULE C, LINE 6		1,600.

CAITLYN M. JENNER

SCHEDULE SE	NON-FARM INCOME	STATEMENT 17
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DESCRIPTION	AMOUNT
PUBLISHING	1,470,177.
AMERICAN BROADCASTING CO	2,850.
TOTAL TO SCHEDULE SE, LINE 2	1,473,027.

FORM 1116	EXPENSES DIRECTLY ALLOCABLE TO FOREIGN INCOME	STATEMENT 18
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DESCRIPTION	COUNTRY	AMOUNT
CAIT'S WORLD, INC. (FKA WILLIAM BRUCE JENN	UNITED KINGDOM	21,669.
TOTAL TO FORM 1116, PART I, LINE 2		21,669.

FORM 6251	DEPRECIATION ON ASSETS PLACED IN SERVICE AFTER 1986	STATEMENT 19
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DESCRIPTION	AMOUNT
FROM K-1 - CAIT'S WORLD, INC. (FKA WILLIAM BRUCE JENNER, INC)	777.
TOTAL TO FORM 6251, LINE 18	777.

FORM 8960	TRADE OR BUSINESS INCOME	STATEMENT 20
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CAIT'S WORLD, INC. (FKA WILLIAM BRUCE JENNER, INC)	-50,555.
AMOUNT TO FORM 8960, LINE 4B	-50,555.

FORM 8960	OTHER MODIFICATIONS TO INVESTMENT INCOME	STATEMENT 21
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AMOUNT FROM LINE 7 WORKSHEET, LINE 13 FOR CA	55.	
TOTAL RECOVERY OF PRIOR YEAR FORM 8960, LINE 9B	55.	55.
AMOUNT TO FORM 8960, LINE 7		55.

FORM 8960	STATE INCOME TAX	STATEMENT 22
CALIFORNIA		842.
NEW YORK		5.
AMOUNT TO LINES 9 AND 10 WORKSHEET, PART III, LINE 2		847.

FORM 8960	STATE INCOME TAX PAYMENTS	STATEMENT 23
CALIFORNIA		
DESCRIPTION		AMOUNT
GEP TALENT SERVICES, LLC		4.
TEAM TOURS, INC.		100,000.
WB STUDIO ENTERPRISES INC.		1.
SCREEN ACTORS GUILD PRODUCERS PENSION PLAN		2,400.
ESTIMATE OR PRIOR YEAR OVERPAYMENT		120,479.
EXCESS SDI (OR VPDI) WITHHELD		1.
TOTAL TO STATE FORM 8960, LINE 10		222,885.

FORM 4562	PART I - BUSINESS INCOME	STATEMENT 24
INCOME TYPE		AMOUNT
WAGES		276,246.
SCHEDULE C		1,470,177.
S CORPORATIONS		52,271.
MISCELLANEOUS		2,850.
TOTAL BUSINESS INCOME USED IN FORM 4562, LINE 11		1,801,544.

FORM 1116	U.S. AND FOREIGN SOURCE INCOME SUMMARY FOREIGN PARTNERSHIP/S-CORPORATION INCOME	STATEMENT 25
DESCRIPTION		AMOUNT
CAIT'S WORLD, INC. (FKA WILLIAM BRUCE JENNER, INC)		31,440.
TOTAL FOREIGN PARTNERSHIP/S-CORPORATION INCOME		31,440.

CAITLYN M. JENNER



FORM 1116 U.S. AND FOREIGN SOURCE INCOME SUMMARY STATEMENT 26
TOTAL PARTNERSHIP/S-CORPORATION INCOME/LOSS

DESCRIPTION	INCOME	LOSS
CAIT'S WORLD, INC. (FKA WILLIAM BRUCE JENNER, INC)	1,057,130.	
TOTAL PARTNERSHIP/S-CORPORATION INCOME/LOSS	1,057,130.	